County of San Diego Health and Human Services Agency Public Health Services Business Plan Fiscal Years 2003/04 and 2004/05

Division of Public Health Services

The Division of Public Health Services is comprised of numerous programs that protect the public's health. These programs include Children, Youth and Families, Emergency Medical Services, Bioterrorism Preparedness, Immunizations, Community Epidemiology, Public Health Laboratory, Office of Border Health, Tuberculosis Control, Office of AIDS Coordination and HIV Direct Patient Services, Chronic Disease and Injury Prevention, Sexually Transmitted Diseases and Hepatitis Prevention, Medical Health Quality Assurance, Public Health Nursing Administration, Vital Records and Public Health Services Administration. These programs, in partnership with community-based providers, protect the health and well being of the residents of San Diego County. This means protection from epidemics, prevention of disease and injuries, and promotion of healthy lifestyles and neighborhoods. We depend on many key partners including physicians, hospitals, clinics, schools, universities, community organizations and faith groups to achieve these ends.

Residing within the Health and Human Services Agency, the Division of Public Health Services has synergistic relationships with Mental Health, Social Services, Aging and Independence Services, Alcohol and Drug Services, with service delivery through Public Health and Family Resource Centers in six geographic regions of the county. Separate but collaborative arms of local government serve to protect air, water, land use, the health of juveniles and adults in custody, animal control, and environmental health.

While our staff is our greatest asset, what makes San Diego special is the support of the Board of Supervisors, our advisory committees, and our many partners in the public and private sectors. These serve to demonstrate that the people of San Diego County have many Public Health Champions working to make San Diego County the healthiest county in California.

"Kids"

Improve outcomes and opportunities for children and youth

Strategic Goal: Make Sure They Are Healthy

| Operational Objective | Activities | Measure & Target | Target Date | Lead |
|--|--|--|-------------|----------------------------------|
| Achieve a high level of immunization (84%) coverage for children (ages 19 up to 36 months) provided by Public Health Centers | Train staff and track completion of immunizations in Public Health Centers | -Provide training to private provider staff -Track immunizations through AKC Registry | FY 2003-05 | Sandy Ross |
| Ensure a at least 60% of pregnant women report receiving prenatal care within 30 days of their first contact with the Perinatal Care Network | Perform triage and follow-up for people who call the Perinatal Care Network | % in prenatal care | FY 2003-05 | Phyllis Elkind |
| Increase public awareness of childhood obesity issues | Depending upon resources: Require all Chronic Disease Prevention contractors to provide obesity prevention information and services Provide regions and regional health centers with obesity prevention health education materials Collaborate with Public Health Nursing to enhance services regarding obesity prevention Provide obesity prevention information to local physicians and other clinical professionals | % Reduction of increase in obesity | FY 2004-05 | Phyllis Elkind Adrienne Yancy |

| Operational Objective | Activities | Measure & Target | Target Date | Lead |
|--|--|------------------|---------------|------------------------------|
| 2% increase in the number of eligible children enrolled in Medi-Cal/Healthy Families | Depending upon resources: - Promote system linkages and service integration to identify and refer uninsured children - Advertise the CYF 1-800 number for intake and referral - Continue SD-KHAN employer access to care program - Promote retention and utilization of Children's Health Coverage | % Enrolled | June 30, 2004 | Phyllis Elkind |
| 40% of sexually active females in the county will be screened for chlamydia and treated as appropriate | Increase the number of chlamydia screenings countywide for sexually active teenage females. | % Screened | FY 2003-2005 | Bob Gunn, MD Paula Murray |

Communities

Promote Safe and Livable Communities

Strategic Goal: Strengthen Regional Security

| Operational Objective | Activitios | Measure & Target | Target Date | Lead |
|-----------------------|------------|---------------------|-------------|------|
| Operational Objective | MCHVILLE3 | INICASUIC & TAILYCL | Target Date | Leau |

| Operational Objective | Activities | Measure & Target | Target Date | Lead |
|---|---|---------------------------|--------------|---------------------------------------|
| Ensure a minimum of 95% of investigations of selected diseases are initiated within 24 hours of being reported | The Division of Epidemiology will maintain trained staff to initiate contact investigation for urgent conditions within 24 hours of receipt of report. Reports will be time stamped on arrival and at the time of initial communication. In addition, staff will perform the following: - Contact individuals involved - Interview them - Open a case file - Recommend prevention and treatment conditions | % Initiated | FY 2003-05 | Michele Ginsberg, MD |
| Achieve 14 federal and state "critical benchmarks" for preparedness by December 2005 | Continue planning, training and equipping to meet and enhance the critical benchmarks | Monitor to achieve target | FY 2003-05 | Steve Wood |
| Provide training to 75% Agency staff in bioterrorism preparedness | Implement bioterrorism preparedness training to Agency staff | % Trained | October 2003 | Wilma Wooten, MD |
| Increase by 10% the number of physicians, healthcare, and emergency management personnel enrolled in the Emergency Medical Alert Network (EMAN) | - EMAN website enhancements - Collaborate or integrate with State of California Health Alert Network - Collaborate with San Diego County Medical Society - Promote through professional medical organizations - Physician Bulletin Articles - E-mail - Meetings - Council of Community Clinics' referrals | % Enrollment increased | FY 2003-05 | Steve Wood Michele Ginsberg, MD |

| Operational Objective | Activities | Measure & Target | Target Date | Lead |
|---|---|---|---------------------------|--------------------|
| Implement CDC's Smallpox Vaccination Plan in San Diego County Cross-train all levels of | Vaccinate volunteer core PHS and hospital emergency team staff Maintain readiness to vaccinate general public if necessary Develop description of | Vaccinated response team staff • CDI core competencies | FY 2003-2005 June 2004 | Sandy Ross Denise |
| Communicable Disease Investigators (CDI) in Public Health Services in the programs of Community Epidemiology, Sexually Transmitted Diseases and Hepatitis Prevention, Tuberculosis Control and HIV Counseling and Testing | Develop description of core competencies and training plan Develop long range and immediate action plans Develop and implement a system of staff rotation Evaluate training plan | CDT core competencies description and training plan developed Routine meetings for all CDI staff planned and scheduled Current and needed resources for CDI activities identified CDI policies and procedures developed Rotation system for CDI staff developed and implemented | Julie 2004 | Borntrager |

Strategic Goal: Promote Health, Wellness, and Self-Sufficiency

| Operational Objective | Activities | Measure & Target | Target Date | Lead |
|-----------------------------------|-----------------------------------|------------------------|-------------|--------------|
| Ensure that 70% of those infected | - Track and provide follow-up on | % Completing treatment | FY 2003-05 | Kathy Moser, |
| with TB who are contacts to cases | all contacts to TB cases in a | · | | MD |
| begin and complete treatment | priority-based manner | | | |
| | - Provide treatment for latent TB | | | |
| | infection in a priority-based | | | |
| | manner in all Public Health | | | |
| | Centers | | | |

| Operational Objective | Activities | Measure & Target | Target Date | Lead |
|---|---|---|-------------|---------------------------------------|
| Ensure that 65% of all those tested for HIV are high-risk clients | - Participate in Rapid Assessment Risk Evaluation (RARE) in 2 high risk neighborhoods to assess under-utilization of HIV testing services - Implement changes to the HIV testing sites based on RARE findings - Select 80% of testing sites in Central and South Regions based on high incidence of AIDS cases | % Tested who are high risk | FY 2003-05 | Denise Borntrager |
| Increase public awareness of diabetes | Depending upon resources: Require all Chronic Disease Prevention contractors to provide diabetes prevention information and services Provide regions and regional health centers with diabetes prevention health education materials Collaborate with Public Health Nursing to enhance services regarding diabetes prevention Provide diabetes prevention Provide diabetes prevention information to local physicians and other clinical professionals Sponsor Public Health Forum on diabetes prevention | Monitor diabetes mortality rates annually | FY 2003-05 | Wilma Wooten, MD Adrienne Yancy |

| Operational Objective | Activities | Measure & Target | Target Date | Lead |
|--|---|--|-------------|--------------------------------------|
| Insure efficient and effective health promotion and communication through an internal, collaborative agency health promotion group | Enlist group members including regional health promotion staff and conduct quarterly meetings | Four quarterly meetings held per year Produce and distribute minutes 50% of the recommendations of the group are implemented | FY 2003-04 | Nancy Bowen, MD |
| Designate staff responsible for "Health Promotion and Communications Coordination" office | Develop proposal to designate personnel for FY 2003 to develop a five-year plan and begin coordination efforts within Public Health Services programs. | Budget change implemented and personnel assigned | FY 2003-04 | Nancy Bowen, MD |
| Provide increased accessibility to Public Health data and data reports | - Compile inventory of public health data and data reports - Develop user-friendly webbased access to public health data and data reports - Routinely post Public Health Services programs' reports on the website - Identify Health Information or Health Promotion Specialist staff to manage the website | Inventory completed Bring website on line Dedicate staff | FY 2003-05 | Nancy Bowen, MD Adrienne Yancy |
| Encourage and/or create new community partnerships including providers, schools, private sector to enhance community input regarding health priorities (see immediately below) | Once a year convene health care professionals working on all the listed areas of disparity for review of subgroups activities and to coordinate efforts across disparity areas. (Hold other subgroup meetings as is appropriate). | -Monitor for health disparities -Produce an Annual Health Disparities Report | FY 2003-05 | Wilma Wooten, MD |

| Operational Objective | Activities | Measure & Target | Target Date | Lead |
|--|--|--|-------------|------------------------------|
| Disseminate information to community partners on reducing disparities in: - Cancer Screening - Heart Disease and stroke - Diabetes - HIV/AIDS - Infant Mortality - Immunization - Asthma - Obesity - Oral Health - Communicable Diseases related to the Border and Refugee health | Once a year convene community partners working on all the listed areas of disparity for review of subgroups activities and to coordinate efforts across disparity areas. (Hold other subgroup meetings as is appropriate). | -Monitor for health disparities -Produce an Annual Health Disparities Report | FY 2003-05 | Wilma Wooten, MD |
| 65% of high risk STD clinic clients will initiate and 25% will complete the three-dose series | Increase the number of high risk STD clinic clients who initiate and complete hepatitis B vaccination | % Initiating % Completing | FY 2003-05 | Bob Gunn, MD Paula Murray |

"Required Disciplines"

Ensuring Operational Excellence

Strategic Goal: Maintain Operational Excellence

| Operational Objective Activiti | ies Measure & Target | Target Date | Lead |
|--------------------------------|----------------------|-------------|------|
|--------------------------------|----------------------|-------------|------|

| Operational Objective | Activities | Measure & Target | Target Date | Lead |
|--|--|---|--------------|-----------------------|
| Reduce to zero the cost/revenue gap in the Five-Year Financial Forecast. | Provide input to Five YearFinancial Forecast by February2004Manage to Public HealthServices division targets | Review program budgets | Feb. 2004 | Gwenmarie Hilleary |
| Maintain or improve the customer satisfaction of 4.5 on a scale of 5. | Monitor customer satisfaction | Surveys Other customer input | FY 2003-2005 | Nancy Bowen, MD |
| Foster and maintain a skilled and diverse workforce by fostering diversity, promoting employee development and training, succession planning, and maintaining employee satisfaction. | - Ensure that 95% of all new hires attend Leveraging Diversity training within 90 days of hire Prepare quarterly reports to HR on diversity initiatives within PHS Ensure that 25% of PHS employees submit a new employee development plan or review and update their existing plan Identify PHS staff to participate in training on human performance strategies and training design - Participate in implementing the Agency's succession plan Distribute results of Employee Satisfaction Survey to all managers and supervisors and develop a continuous improvement plan to address | Training logs Quarterly reports # of new/updated plans # of staff who participated Succession plan Continuous improvement plan | FY 2003-2005 | Nancy Bowen, MD |

| Operational Objective | Activities | Measure & Target | Target Date | Lead |
|--|--|---|--------------|------------------------|
| Mitigate negative audit outcomes for county and community based MAA/TCM provider agencies | -Conduct site reviews and audits - Provide training to MAA and TCM providers | Audit 90% of new TCM providers after six months of participation Audit 90% of all TCM providers bi-annually Provide annual training to county and community based MAA & TCM providers | FY 2003-05 | Janice DiCroce, PhD |
| Ensure that 95% of contracts sampled by the Agency for Contract Support (ACS) have a monitoring plan | Develop monitoring plans in accordance with Agency Manual of Policies and Procedures Monitor contracts in accordance with the plan | % of contracts monitored according to monitoring plan | FY 2003-2005 | Elena Pascual |